

BASELINE EVALUATION OF STANDARDS FOR PUBLIC HEALTH IN WASHINGTON STATE OPERATIONAL GUIDE AND SELF-ASSESSMENT TOOL

DEPARTMENT OF HEALTH PROGRAM VERSION

Introduction

This operational guide and self-assessment tool is intended for use by Washington State Department of Health (DOH) programs to assist in the self-assessment and documentation of compliance with the Standards for Public Health. A similar document has been developed for Local Health Jurisdictions (LHJs) to assess their compliance with the standards. The standards comprise a clear picture of what should be in place—a single set of standards that must be met in every part of the state—providing a “whole picture” of the governmental public health system. While each DOH program can meet some of the measures, not all measures are applicable to all DOH programs. The specific applicability of measures to programs is summarized in an attached DOH document.

This tool is set up in table format to facilitate the completion of the self-assessment. In the first column of the table, the code or number of the measure is indicated. The measures relating to each standard are listed in the second column. The third column contains a listing of the requirements that must be met and a description of some of the types of documentation that could be used to show compliance with the measure. Since each measure may have various ways to document compliance, this list is not comprehensive but it describes several mechanisms. DOH program staff should use the fourth column to list the documents that demonstrate how the program meets the measure. If the measure is not applicable to your program, please enter N/A in the fourth column. There does NOT need to be documentation for every sub-program within the DOH program. Please include the documents that are good examples of program performance against the measure. Some measures may be met by DOH programs sharing components of the work. Where this is the case, please identify your partner programs and their role in helping meet the measure.

Instructions: Review the measure, requirements, and some of the potential ways to document compliance with the measure. Please note that some of the requirements contain the word **AND in bold print. This indicates, for example, that compliance requires a policy or procedure **AND** documentation of the implementation of the policy or procedure. Complete the fourth column by listing the documents that will be used during the site visit to demonstrate how the site meets each measure. Finally, complete the Supports and Resources data form at the end of the self-assessment; we will be reviewing this with you in the closing interview of your site visit. Thank you, in advance, for your participation in the baseline evaluation.**

Complete the self-assessment guide in its entirety by close of business on June 10, 2002 and return either electronically, by fax, or hard copy to:

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Department of Health Office/Program Profile

Name:

Address:

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Person completing the Self-Assessment:

Phone:

Other Key Contacts: 1)
 2)
 3)

Phone:

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Phone:

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Understanding Health Issues: Standards for Public Health Assessment

ASSESSMENT Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.

	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
AS 1 1 AS s 1.2.1	Consultation and technical assistance are provided to LHJs and state programs on health data collection and analysis, as documented by logs or reports. Coordination is provided in the development and use of data standards, including definitions and descriptions.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Example of at least two instances of consultation with state program or local level staff regarding health data collection and analysis, such as logs of consultations, notes, or reports, AND, ❖ Policy or procedure statements which define and describe data, (data dictionary), and describe how coordination is done and with which entities, AND ❖ Example of at least one instance of coordination in the development and use of data standards. 	
AS 1 2 AS s 1.4.2	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs or state programs regarding health data collection and analysis, and program evaluation.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Procedures or protocols that describe how staff consultations are available for collection and analysis of health data, including the request process and expected timeframes, 	

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		<p>or</p> <ul style="list-style-type: none"> ❖ Lists of consultants (with contact information) in the areas of health data collection and analysis and program evaluation that are available to state and local staff, AND, ❖ Example of at least two instances of consultation with state program staff or local level regarding health data analysis or program evaluation, e.g. assessment forums. 	
<p>AS 1 3</p> <p>AS s 1.5.3</p>	<p>Goals and objectives are established for assessment activities as a part of DOH planning, and resources are identified to perform the work.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Any documentation of DOH plans that include G&O for assessment activities, e.g. annual work plan, annual report, goals or responsibility matrix, or leadership group minutes, AND, ❖ Documentation of responsible staff person or team. 	
<p>AS 1 4</p> <p>AS s 1.6.4</p>	<p>Information on health issues affecting the state is updated regularly and includes information on communicable disease, environmental health and data about health status. Data being tracked have standard definitions, and standardized qualitative or quantitative measures are used. Computer hardware and software is available to support word processing,</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Documentation, through reports or spreadsheets, showing 2001 data on health issues affecting the state on communicable disease, environmental health and data about health status, AND, ❖ Documentation defining and describing both the qualitative and quantitative measures, such as a 	

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	spreadsheets, complex analysis capabilities, databases and Internet access.	<p>data dictionary, AND,</p> <ul style="list-style-type: none"> ❖ Evidence, such as a capital assets list or list of available software, that supports the following functions: <ul style="list-style-type: none"> a) Word processing, b) Spreadsheets with complex analysis capabilities, c) Databases, and d) Internet access. 	
<p>AS 1 5</p> <p>AS s 1.7.5</p>	Staff members who perform assessment activities have documented training and experience in epidemiology, research, and data analysis. Statewide training and peer exchange opportunities are coordinated and documented.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Listing of staff with required skills, or staff resumes indicate they have the 3 types required skills, or ❖ Documentation of staff attendance at training for the 3 types of required skills, such as training logs, CE tracking sheets, AND, ❖ Documentation of at least two coordinated training and/or peer exchange events in last 12 months. 	

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ASSESSMENT Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
AS 2 1 AS s 2.2.1	Reports are provided to LHJs and other groups. The reports provide health information analysis and include key health indicators tracked over time.	Compliance with this measure can be demonstrated through: ❖ Reports or summaries of key health indicator trends and analysis with data from 2001, AND , ❖ Evidence, at least two examples, that these summaries and/or reports have been shared with LHJs and other groups, as appropriate.	
AS 2 2 AS s 2.6.2	A core set of health status indicators is used as the basis for continuous monitoring of the health status of the state, and results are published at scheduled intervals. A surveillance system using monitoring data is maintained to signal changes in priority health issues.	Compliance with this measure can be demonstrated through: ❖ Policy or list of the core set of health status indicators, AND , ❖ Documentation of their use in monitoring of health status, such as tables or summaries of monitoring results, AND , ❖ Evidence of regular publishing of monitoring results, AND , ❖ Documentation showing measurement of priority issues to monitor for changes within last 12 months.	
AS 2 3 AS s 2.4.3	Written procedures describe how population level investigations are carried out in cooperation with LHJs in response to known or emerging	Compliance with this measure can be demonstrated through: ❖ Protocol or procedure statements describe the process used to	

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	health issues. The procedures included expected time frames for response.	investigate population level health issues or problems, how the investigations are coordinated with LHJs and/or other agencies, including the expected timeframes for responding to the health issue.	
AS 2 4 AS s 2.5.4	Investigations of changing or emerging health issues are part of the annual goals and objectives established by DOH.	Compliance with this measure can be demonstrated through: ❖ Documentation of annual goals and objectives for DOH programs include G&O for investigations of changing or emerging health issues, e.g. annual work plan, annual report, goal responsibility matrix, or leadership group minutes.	

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ASSESSMENT Standard 3: Public health program results are evaluated to document effectiveness.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
AS 3 1 AS s 3.2.1	Consultation and technical assistance are provided to LHJs and state programs on program evaluation, as documented by case write-ups or logs.	Compliance with this measure can be demonstrated through: ❖ Example of at least two instances of consultation with state program staff or local level regarding program evaluation.	
AS 3 2 AS s 3.4.2	Programs administered by the DOH have written goals, objectives and performance measures, and are based on relevant research. There is a written protocol for using appropriate data to evaluate program effectiveness.	Compliance with this measure can be demonstrated through: ❖ Program descriptions, state program goals, objectives, and performance measures, and references for research, such as literature search, or use of experts, AND , ❖ Protocol or description of process for program evaluation includes description of the measures that are monitored, e.g. when and how data are gathered, who reviews the performance data and how frequently.	
AS 3 3 AS s 3.5.3	Program performance measures are monitored, the data is analyzed, and regular reports document the progress towards goals.	Compliance with this measure can be demonstrated through: ❖ Reports, summaries of analysis, or meeting minutes and materials (within last 12 months) demonstrate monitoring activities and analysis of the results, including comparing	

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		<p>the monitoring results against the stated performance goals.</p> <p>Consultants will evaluate extent to which monitoring evaluates stated program goals and performance measures.</p>	
<p>AS 3 4</p> <p>AS s 3.7.4</p>	<p>State and LHJ staff members have been trained on program evaluation as evidenced by documentation of staff training.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Meeting minutes, training logs, or CE tracking sheets showing attendance and topics of training in methods of performance evaluation. 	
<p>AS 3 5</p> <p>AS s 3.8.5</p>	<p>Changes in activities that are based on analysis of key indicator data or performance measurement data are summarized as a part of quality improvement activities.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Quality improvement work plan, action plans to improve performance or other documentation demonstrates use of performance monitoring data to make program changes. 	

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ASSESSMENT Standard 4: Health Policy decisions are guided by health assessment information, with involvement of representative community members.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
AS 4 1 AS s 4.2.1	There is documentation of stakeholder involvement in DOH health assessment and policy development.	Compliance with this measure can be demonstrated through: ❖ Meeting minutes or summaries showing community member participation indicate stakeholder involvement in reviewing health assessment data and development of health policy.	
AS 4 2 AS s 4.4.2	There is a written protocol for using health assessment information to guide health policy decisions.	Compliance with this measure can be demonstrated through: ❖ Protocol or description of process used to develop health policies, which includes when and how data are gathered, who reviews the data and how frequently, the process for drawing conclusions, and how linked to health policy decisions.	
AS 4 3 AS s 4.4.3	State health assessment data is linked to health policy decisions, as evidenced through legislative requests, budget decisions, programs or grants.	Compliance with this measure can be demonstrated through: ❖ Legislative request documents, grant or program proposals, or specific budget changes that fund health policy decisions describe the use of or link between assessment data and the health policy decision.	

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ASSESSMENT Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
AS 5 1 AS s 5.2.1	Stakeholders that receive data have demonstrated agreement to comply with confidentiality policies and practices, as appropriate.	Compliance with this measure can be demonstrated through: ❖ Signed confidentiality agreements or meeting minutes describing stakeholders' responsibility to comply with confidentiality policies and practices.	
AS 5 2 AS s 5.4.2	There are written policies, including data sharing agreements, regarding confidentiality that govern the use, sharing and transfer of data within the DOH and among the DOH, LHJs and partner agencies. Written protocols are followed for assuring protection of data (passwords, firewalls, backup systems) and data systems.	Compliance with this measure can be demonstrated through: ❖ Policy statements delineating the requirements for confidentiality and methods to protect information that is shared within the DOH and among DOH, LHJs, and partner agencies, with evidence that they are current, such as approval or revision date within 12 months, AND , ❖ Protocol or procedure statement regarding security measures for computer files, AND , ❖ Description of a method for assuring that security protocols are followed.	
AS 5 3 AS s 5.5.3	All program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.	Compliance with this measure can be demonstrated through: ❖ Procedures and protocols for data transfer with evidence that they are	

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		<p>current, such as approval or revision date, AND</p> <ul style="list-style-type: none"> ❖ Documents containing data that have been shared with other agencies showing evidence of use of confidentiality procedures. 	
<p>AS 5 4</p> <p>AS s 5.7.4</p>	<p>Employees are trained regarding confidentiality, including those who handle patient information and clinical records, as well as those handling data.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Criteria for identifying staff who work with sensitive information and listing of current staff who meet the criteria, AND ❖ Participant lists or other documentation of staff that received confidentiality training and date of training. 	
<p>AS 5 5</p> <p>AS s 5.7.5</p>	<p>All employees have signed confidentiality agreements.</p>	<p>Compliance with measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Example of employee confidentiality agreements, AND ❖ Sample of staff files includes appropriate signed statements. 	

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Protecting People from Disease: Standards for Communicable Disease and Other Health Risks

COMMUNICABLE DISEASE Standard 1: A surveillance and reporting system is maintained to identify emerging health threats.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
CD 1 1 CD s 1.1.1	Information is provided to the public on how to contact the DOH to report a public health concern 24 hours per day. Law enforcement has current state 24-hour emergency contact lists.	Compliance with this measure can be demonstrated through: ❖ Published phone number, or instruction sheet on when/how to contact, distribution list, and date of last distribution, AND , ❖ Evidence that local law enforcement has been provided with a 24-hour contact list, e.g. cover letter or distribution list.	
CD 1 2 CD s 1.2.2	Consultation and technical assistance are provided to LHJs on surveillance and reporting, as documented by case summaries or reports. Laboratories and health care providers, including new licensees, are provided with information on disease reporting requirements, timeframes, and a 24-hour DOH point of contact.	Compliance with this measure can be demonstrated through: ❖ Documentation in case summaries or reports of how and when technical assistance and/or consultation on surveillance and reporting have been provided to local jurisdictions, AND ❖ Documentation of distribution of notifiable diseases reporting requirements, including expected timeframes, and contact information within last 12 months to health care providers, laboratories, and new licensees in both categories.	

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CD 1 3 CD s 1.4.3	Written procedures are maintained and disseminated for how to obtain state or federal consultation and technical assistance for LHJs. Assistance includes surveillance, reporting, disease intervention management during outbreaks or public health emergencies, and accuracy and clarity of public health messages.	Compliance with this measure can be demonstrated through: ❖ Procedures or protocols that describe how state or federal consultation is available regarding: <ul style="list-style-type: none"> • surveillance, • reporting, • disease intervention management during outbreaks or, • public health emergencies, and • accuracy and clarity of public health messages. 	
CD 1 4 CD s 1.5.4	Annual goals and objectives for communicable disease are a part of the DOH planning process. Key indicators and implications for investigation, intervention or education efforts are documented.	Compliance with this measure can be demonstrated through: ❖ Documentation of annual goals and objectives for applicable DOH programs include G&O for communicable disease, e.g. annual work plan, annual report, goal responsibility matrix, or leadership group minutes. The goals and objectives include key indicators for investigation, intervention, and educational activities.	
CD 1 5 CD s 1.6.5	A statewide database for reportable conditions is maintained, surveillance data are summarized and disseminated to LHJs at least annually. Uniform data standards and case definitions are updated and published at least annually.	Compliance with this measure can be demonstrated through: ❖ Policy or procedure describing database for reportable conditions surveillance data, or ❖ Examples of database screens and reports, AND ❖ Examples of summarized data with	

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		<p>distribution list and dates indicating at least annual distribution to LHJs, AND,</p> <ul style="list-style-type: none"> ❖ Policy or procedure statements which define and describe uniform data standards, with adoption or revision date within last 12 months, AND, ❖ Evidence of publishing of data standards and case definitions within last 12 months. 	
<p>CD 1 6</p> <p>CD s 1.7.6</p>	<p>Staff members receive training on communicable disease reporting, as evidenced by protocols.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> • Agendas and/or documentation (training logs, CE tracking) of staff training for communicable disease reporting. 	

COMMUNICABLE DISEASE Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
CD 2 1 CD s 2.1.1	Phone numbers for after-hours contacts for all local and state public health jurisdictions are updated and disseminated statewide at least annually.	Compliance with this measure can be demonstrated through: ❖ Documentation, such as booklet or list, with current (within 12 months) phone numbers for all LHJs and state DOH programs with publication date, AND ❖ Distribution document indicating at least annual distribution to all LHJs, state programs, and other state agencies.	
CD 2 2 CD s 2.4.2	Written policies or procedures delineate specific roles and responsibilities for state response to disease outbreaks or public health emergencies. There is a formal description of the roles and relationship between communicable disease, environmental health and program administration. Variations from overall process are identified in disease-specific protocols.	Compliance with this measure can be demonstrated through: ❖ Policies, procedures, or detailed flow chart that describes the roles and responsibilities for state response. The description includes: • Description of specific roles and the relationship between communicable disease staff, environmental health staff, and program administration staff, and • provide titles and contact # for primary and secondary responsible parties with	

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		delineation of scope of authority and ensure authority for delegation.	
CD 2 3 CD s 2.4.3	Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response, and there is a current list of labs having the capacity to analyze specimens.	Compliance with this measure can be demonstrated through: ❖ Written procedures or protocols describing availability of expanded lab capacity for disease outbreaks, AND , ❖ List (dated within 3 months) of labs with capacity to analyze specimens,	
CD 2 4 CD s 2.7.4	DOH staff members receive training on the policies and procedures regarding roles and responsibilities for response to public health threats, as evidenced by protocols.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation (training logs, CE tracking) of staff training in their role and responsibility for response to a public health threat.	

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COMMUNICABLE DISEASE Standard 3: Communicable disease investigation and control procedures are in place and actions documented.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
CD 3 1 CD s 3.2.1	Consultation and staff time are provided to LHJs for local support of disease intervention management during outbreaks or public health emergencies, as documented by case write-ups. Recent research findings relating to the most effective population-based methods of disease prevention and control are provided to LHJs. Labs are provided written protocols for the handling, storage and transportation of specimens.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Example of at least two instances of consultation with LHJ staff regarding disease intervention management, such as logs of consultations, notes, or reports, AND, ❖ Summaries or reports of research findings on the most effective population-based methods of disease prevention and control, AND, ❖ Evidence that research summaries have been provided to LHJs, such as distribution lists, or notifications of receipt, AND, ❖ Written protocol or model forms describe the requirements for handling, storage, and transportation of specimens, AND, ❖ Evidence of distribution to laboratories within last 12 months. 	
CD 3 2 CD s 3.4.2	DOH leads statewide development and use of a standardized set of written protocols for communicable disease investigation and control, including templates for	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Documentation of DOH –led process (e.g. meeting minutes or draft protocols) to develop a single, 	

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	documentation. Disease-specific protocols identify information about the disease, case investigation steps, reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes.	<p>standardized set of written protocols for conducting investigations and control of communicable diseases, AND</p> <ul style="list-style-type: none"> ❖ An approved set of written protocols for communicable disease control and investigation, including model forms and records for investigation and control activities, which identify: <ul style="list-style-type: none"> • information about the disease, • case investigation steps, • reporting requirements, • contact and clinical management (including referral to care), • use of emergency biologics, and • the process for exercising legal authority for disease control (including non-voluntary isolation), AND, ❖ Sample of case write-ups or reports indicate that staff have implemented the protocols correctly and in the required timeframes. 	
CD 3 3 CD s 3.5.3	An annual evaluation of a sample of state communicable disease investigation and consultations is done to monitor timeliness and compliance with disease-specific protocols.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Documentation of annual audit or review of case files such as checksheets or summary reports of audit results, including evaluation of timeliness and steps in case investigations. 	

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CD 3 4 CD s 3.6.4	DOH identifies key performance measures for communicable disease investigations and consultation.	Compliance with this measure can be demonstrated through: ❖ List or documentation in meeting summary or report of key measures that will be used to monitor CD investigations and consultation.	
CD 3 5 CD s 3.7.5	Staff members conducting disease investigations have appropriate skills and training as evidenced in job descriptions and resumes.	Compliance with this measure can be demonstrated through: ❖ Knowledge and skill in disease investigation included in job requirements or in staff resumes, or attendance records for investigation skill development.	

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COMMUNICABLE DISEASE Standard 4: Urgent public health messages are communicated quickly and clearly and actions documented.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
CD 4 1 CD s 4.1.1	A communication system is maintained for rapid dissemination of urgent public health messages to the media and other state and national contacts.	Compliance with this measure can be demonstrated through: ❖ Communication procedures or protocols describing system for communicating urgent health messages to the media and other state and national contacts, including required time frames and a list of media, state and national contacts.	
CD 4 2 CD s 4.2.2	A communication system is maintained for rapid dissemination of urgent public health messages to LHJs, other agencies and health providers. Consultation is provided to LHJs to assure the accuracy and clarity of public health information associated with an outbreak or public health emergency, as documented by case write-up. State-issued announcements are shared with LHJs in a timely manner.	Compliance with this measure can be demonstrated through: ❖ Communication procedures or protocols describing system for communicating urgent messages to LHJs, other agencies, and health providers, including required time frames and lists of agency and health care providers to be contacted, AND , ❖ Example of at least two instances of consultation with local level to assure accuracy and clarity of information regarding communicable disease outbreak, AND , ❖ Two examples of state –issued announcements sent to LHJs within	

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		last 12 months that are date stamped for release and for transmission to LHJs.	
CD 4 3 CD s 4.4.3	Roles are identified for working with the news media. Written policies identify the timeframes for communication and the expectations of all staff regarding information sharing and response to questions, as well as the steps for creating and distributing clear and accurate public health alerts and media releases.	Compliance with this measure can be demonstrated through: ❖ Policies or procedures describing <ul style="list-style-type: none"> • specific roles for working with the news media, • process to assure accuracy and clarity of communications, • timeframes for communications, and • expectations of various staff positions for communications with the media. 	
CD 4 4 CD s 4.5.4	Communication issues identified in outbreak response evaluations are addressed in writing with future goals and objectives in the communicable disease quality improvement plan.	Compliance with this measure can be demonstrated through: ❖ Quality improvement work plan, action plans to improve communicable disease performance or other documentation includes goals and objectives addressing communication issues identified in evaluations of disease outbreak responses.	
CD 4 5 CD s 4.7.5	Staff members with lead roles in communicating urgent messages have been trained in risk communication.	Compliance with this measure can be demonstrated through: ❖ List or other identification of staff who have lead roles in communicating urgent messages, AND, <ul style="list-style-type: none"> • Agendas and/or documentation (training logs, CE tracking) of these 	

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		staff members receiving training in risk communication.	
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COMMUNICABLE DISEASE Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
CD 5 1 CD s 5.2.1	Timely information about best practices in disease control is gathered and disseminated. Coordination is provided for a state and local debriefing to evaluate extraordinary disease events that required a multi-agency response; a written summary of evaluation findings and recommendations is disseminated statewide.	Compliance with this measure can be demonstrated through: ❖ Summaries and/or reports of best practices in the disease control, AND , ❖ Documentation of dissemination to LHJs and other agencies at least once in the last 12 months, AND , ❖ Written summary of the evaluation findings and recommendations from a state and local debriefing of an extraordinary disease event that required a multi-agency response and that was coordinated by DOH, AND , ❖ Evidence of distribution of the written debriefing summary to LHJs and other state agencies.	
CD 5 2 CD s 5.4.2	Model plans, protocols and evaluation templates for response to disease outbreaks or public health emergencies are developed and disseminated to LHJs.	Compliance with this measure can be demonstrated through: ❖ Written protocols, forms and evaluation templates describing the process for responding to a disease outbreak, or public health emergency, AND , ❖ Evidence of distribution to LHJs within last 12 months.	

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CD 5 3 CD s 5.5.3	Model materials are revised based on evaluation findings, including review of outbreaks.	Compliance with this measure can be demonstrated through: ❖ Documentation, such as revision date on materials or meeting minutes identifying revisions, demonstrates that evaluation findings from the review of outbreak responses is used in revising standard materials.	
CD 5 4 CD s 5.5.4	Response issues identified in outbreak evaluations are addressed in future goals and objectives for communicable disease programs.	Compliance with this measure can be demonstrated through: ❖ Current CD program goals and objectives include at least one issue identified though prior outbreak evaluations.	
CD 5 5 CD s 5.7.5	Staff members are trained in surveillance, outbreak response and communicable disease control, and are provided with standardized tools.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation (training logs, CE tracking) of these staff members receiving training in: <ul style="list-style-type: none"> • Surveillance methods, • Outbreak response process, • Communicable disease control, AND, ❖ Evidence of the distribution of standardized tools to training participants for at least one of these topics.	

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<p>CD 5 6</p> <p>CD s 5.8.6</p>	<p>A debriefing process for review of response to public health threats or disease outbreaks is included in the quality improvement plan and includes consideration of surveillance, staff roles, investigation procedures, and communication.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Quality improvement work plan, action plans to improve performance or other documentation includes a process for reviewing overall responses to outbreaks, including: <ul style="list-style-type: none"> • surveillance activities, • staff roles, • investigation procedures, and • communication mechanisms. 	
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Assuring a Safe, Healthy Environment for People: Standards for Environmental Health

ENVIRONMENTAL HEALTH Standard 1: Environmental health education is a planned component of public health programs.

	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
EH 1 1 EH s 1.1.1	Information is provided to the public about the availability of state level environmental health educational programs through contact information on brochures, flyers, newsletters, websites and other mechanisms.	Compliance with this measure can be demonstrated through: ❖ A sample of brochures, flyers, website screen prints, and other material describe the range of educational offerings available at the state level. Consultants will review at least 1 and no more than 3 examples for the EH program.	
EH 1 2 EH s 1.2.2	There are documented processes for involving stakeholders in addressing environmental health issues including education and the provision of technical assistance.	Compliance with this measure can be demonstrated through: ❖ Procedure, protocol or detailed flowchart describing meetings or other mechanisms which are conducted to address environmental health issues and how stakeholders are involved. Documentation includes both education and the provision of technical assistance.	
EH 1 3 EH s 1.5.3	A plan for environmental health education exists, with goals, objectives and learning outcomes. There is an evaluation process for health education offerings that is used to revise curricula.	Compliance with this measure can be demonstrated through: ❖ Documented environmental health education plan including topics, intended audiences, and intended dates for 2002 with goals and	

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		<p>objectives or learning outcomes for each topic presented, AND,</p> <ul style="list-style-type: none"> ❖ Education evaluation summaries, or meeting minutes and revised education plans demonstrate that evaluation findings are used to revise curricula. 	
<p>EH 1 4</p> <p>EH s 1.4.4</p>	<p>Environmental health education services are provided in conformance with the statewide plan.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Reports, consultation notes, agendas, flyers, or calendars of educational offerings demonstrate that education services are provided in conformance with the education plan. 	
<p>EH 1 5</p> <p>EH s 1.6.5</p>	<p>The environmental health education plan identifies performance measures for education programs that are monitored and analyzed on a routine basis.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ List or documentation in meeting summary or report of key measures that will be used to evaluate environmental health education sessions, AND, ❖ Program evaluation summaries, progress reports, summaries of analysis, or meeting minutes and materials demonstrate that key measure data are used as part of the program evaluation process. 	
EH 1 6	Staff members conducting	Compliance with this measure can be	

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EH s 1.7.6	environmental health education have appropriate health education skills and training as evidenced by job descriptions, resumes or training documentation.	<p>demonstrated through:</p> <ul style="list-style-type: none"> ❖ Agendas and/or documentation (training logs, CE tracking) of staff training for health education skills, or ❖ Documentation in staff resumes of training or experience in health education. 	
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ENVIRONMENTAL HEALTH Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
EH 2 1 EH s 2.1.1	Information is provided to the public on how to report environmental health threats or public health emergencies, 24 hours a day; this includes a phone number.	Compliance with this measure can be demonstrated through: ❖ Published phone number, or instruction sheet on when/how to contact, distribution list, and date of last distribution, or ❖ Policy or procedure statements which include the above.	
EH 2 2 EH s 2.2.2	Consultation and technical assistance are provided to LHJs and other agencies on emergency preparedness, as documented by case write-ups or logs. Following an emergency response to an environmental health problem or natural disaster, LHJs and other agencies are convened to review how the situation was handled. This debriefing is documented with a written summary of findings and recommendations.	Compliance with this measure can be demonstrated through: ❖ Example of at least two instances of consultation with state program or local level staff regarding emergency preparedness, such as logs of consultations, notes, or reports, AND , ❖ Written summary of the evaluation findings and recommendations from a state and local debriefing of an emergency response to an environmental health problem or disaster convened by DOH.	
EH 2 3 EH s 2.4.3	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness. Procedures are in place to monitor access to services and to evaluate the	Compliance with this measure can be demonstrated through: ❖ Procedures or protocols that describe how state consultation and technical assistance is available regarding emergency preparedness,	

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	effectiveness of emergency response plans. Policies are revised based on event debriefing findings and recommendations.	AND, <ul style="list-style-type: none"> ❖ Policies or procedures describing the plan for monitoring access to services during an environmental health emergency, or ❖ Reports showing results of monitoring access to services during an environmental health emergency, AND ❖ Summaries, meeting minutes, and/or reports of emergency responses with evaluation of the effectiveness of the response and action plans 	
EH 2 4 EH s 2.5.4	There is a plan that describes DOH internal roles and responsibilities for environmental events or natural disasters that threaten the health of the people. There is a clear link between this plan and other state and local emergency response plans.	Compliance with this measure can be demonstrated through: <ul style="list-style-type: none"> ❖ Policy, procedure, or plan that describes the DOH roles and responsibilities for environmental events or natural disasters. The roles should include: <ul style="list-style-type: none"> • title and contact # for responsible lead and back-up, • preparedness and prevention planning and training, • communication plan, AND, • clearly stated link to other state and local agency emergency preparedness plans. 	
EH 2 5 EH s 2.7.5	All DOH program staff are trained in risk communication and use of the DOH emergency response plan, as evidenced by training documentation.	Compliance with this measure can be demonstrated through: <ul style="list-style-type: none"> ❖ Agendas and/or documentation (training logs, CE tracking) of staff 	

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		training for risk communication and in the use of emergency response plan.	
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ENVIRONMENTAL HEALTH Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded and reported.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
EH 3 1 EH s 3.2.1	Coordination is provided in development of data standards for environmental health indicators. Information based on the surveillance system is developed and provided to LHJs and other state stakeholders.	Compliance with this measure can be demonstrated through: ❖ Example of at least one instance of coordination with state or local level regarding development of data standards for environmental health indicators, AND , ❖ Summaries of surveillance information, AND , ❖ Evidence of distribution to LHJs and other stakeholders, e.g. email or fax lists, or cover letters.	
EH 3 2 EH s 3.6.2	A statewide surveillance system is in place to receive, record and report key indicators for environmental health risks and related illnesses. Results are tracked and trended over time and reported regularly. A system is in place to assure that data is transferred routinely to local, state and regional agencies.	Compliance with this measure can be demonstrated through: ❖ Documentation demonstrating a system for receiving, recording and reporting health risks and related illnesses, such as screen prints from online system, protocols, or flowcharts, AND , ❖ Report or data summaries that include trended data: a) key health risk indicators, and b) related illnesses, AND ❖ Evidence of routine (at least annual) distribution of the trended data to other agencies, including state and federal programs.	

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<p>EH 3 3</p> <p>EH s 3.8.3</p>	<p>A quality improvement plan includes consideration of analysis of environmental health information and trends, findings from debriefings, evaluation of health education offerings, and information from compliance activity.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Quality improvement work plan, or action plans to improve performance includes activities based on: <ul style="list-style-type: none"> • Analysis of environmental health information and trends, • findings from debriefings, • evaluation of health education offerings, and • information from compliance activity. 	
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ENVIRONMENTAL HEALTH Standard 4: Compliance with public health regulations is sought through enforcement actions.

	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
EH 4 1 EH s 4.1.1	Written policies, local ordinances, laws and administrative codes are accessible to the public.	Compliance with this measure can be demonstrated through: ❖ Brochures, flyers, or hard copies of online access to policies, ordinances, WACs and RCWs demonstrate that all four types of information are available to the public.	
EH 4 2 EH s 4.2.2	Information about best practices in environmental health compliance activity is gathered and disseminated, including form templates, time frames, interagency coordination steps, hearing procedures, citation issuance, and documentation requirements.	Compliance with this measure can be demonstrated through: ❖ Summaries and/or reports of best practices in environmental health compliance, including: <ul style="list-style-type: none"> • form templates, • time frames, • interagency coordination steps, • hearing procedures, • citation issuance, and • documentation requirements, AND, ❖ Documentation of dissemination to local EH and other agencies at least once in the last 12 months.	
EH 4 3 EH s 4.4.3	Compliance procedures are written for all areas of environmental health activity carried out by DOH. Documentation demonstrates that environmental health work conforms with policies, local ordinances and	Compliance with this measure can be demonstrated through: ❖ Written procedures describing the expectations for compliance for environmental health activities are present for all services, AND	

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	state statutes.	❖ Documentation of annual audit or review of case files such as checksheets or summary reports of audit results indicates that EH activities conform to policies, local ordinances and state statutes.	
EH 4 4 EH s 4.4.4	There is a documented process for periodic review of enforcement action.	Compliance with this measure can be demonstrated through: ❖ Documentation describing the process for evaluating enforcement actions, including frequency of the reviews, AND ❖ Documents (i.e. meeting summaries, reports, action plans) indicating the results of the evaluation for effectiveness of enforcement actions.	
EH 4 5 EH s 4.6.5	An environmental health tracking system enables documentation of the initial report, investigation, findings, enforcement, and subsequent reporting to other agencies as required.	Compliance with this measure can be demonstrated through: ❖ Electronic tracking system or other type of tracking system is used to document the following components of an event, including: <ul style="list-style-type: none"> • initial report, • investigation actions, • investigation findings, • enforcement actions, and • subsequent reporting to other agencies, as required. 	

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EH 4 6 EH s 4.7.6	Environmental health staff members are trained on compliance procedures, as evidenced by training documentation.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation (training logs, CE tracking) of staff training for compliance procedures.	
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Prevention is Best: Promoting Healthy Living: Standards for Prevention and Community Health Promotion

PREVENTION AND PROMOTION Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
PP 1 1 PP s 1.1.1	Reports about new or emerging issues that contribute to health policy choices are routinely developed and disseminated. Reports include information about best practices in prevention and health promotion programs.	Compliance with this measure can be demonstrated through: ❖ Reports or summaries about new or emerging health issues that include information about best practices in prevention and health promotion, AND, ❖ Distribution list and dates indicating at least annual distribution to appropriate agencies or local levels.	
PP 1 2 PP s 1.2.2	Consultation and technical assistance is available to assist LHJs in proposing and developing prevention and health promotion policies and initiatives. Written procedures are maintained and shared, describing how to obtain consultation and assistance regarding development, delivery, or evaluation of prevention and health promotion initiatives.	Compliance with this measure can be demonstrated through: ❖ Consultation or assistance reports or summaries of health promotion information or model policies and processes used in consultations, AND ❖ Procedures or protocols that describe how state consultation and technical assistance is available regarding development, delivery, or evaluation of prevention and health promotion initiatives, AND, ❖ Distribution list and dates indicating distribution to	

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		appropriate agencies or local levels.	
PP 1 3 PP s 1.5.3	Priorities are set for prevention and health promotion services, and a statewide implementation plan is developed with goals, objectives and performance measures.	Compliance with this measure can be demonstrated through: ❖ Documentation describing the priorities for prevention and health promotion services, AND ❖ Action plan for the implementation at the state level, including goals, objectives, and performance measures.	
PP 1 4 PP s 1.8.4	The statewide plan is evaluated and revised regularly, incorporating information from health assessment data and program evaluation.	Compliance with this measure can be demonstrated through: ❖ Evaluation summaries, progress reports, or summaries of review demonstrate that the statewide implementation plan is evaluated at least annually, AND , ❖ Revised prevention and health promotion services implementation plan incorporates information from health assessment data and program evaluation.	

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PREVENTION AND PROMOTION Standard 2: Active involvement of community members is sought in addressing prevention priorities.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
PP 2 1 PP s 2.1.1	The DOH provides leadership in involving stakeholders in considering assessment information to set prevention and health promotion priorities.	Compliance with this measure can be demonstrated through: ❖ Documentation (e.g. meeting minutes or summaries) describes how the DOH seeks community involvement, (i.e. which groups are to be contacted and how many members should participate), for discussions of assessment information to establish prevention priorities.	
PP 2 2 PP s 2.2.2	A broad range of partners takes part in planning and implementing prevention and health promotion efforts to address selected priorities for prevention and health promotion.	Compliance with this measure can be demonstrated through: ❖ Meeting minutes, attendance lists, action plan summaries, or implementation reports indicate participation of at least two partners (e.g. agencies, local and state leaders) in meetings to plan prevention and health promotion priorities.	
PP 2 3 PP s 2.2.3	Information about community mobilization efforts for prevention priorities is collected and shared with LHJs and other stakeholders.	Compliance with this measure can be demonstrated through: ❖ Description of process to collect information about community mobilization efforts and dissemination process, or	

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		<ul style="list-style-type: none"> ❖ Evidence of information collected in last 12 months (i.e. notebook or file), AND ❖ Evidence of having disseminated the information statewide on a regular basis, e.g. quarterly. 	
PP 2 4 PP s 2.5.4	The statewide plan for prevention and health promotion identifies efforts to link public and private partnerships into a network of prevention services.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Documentation such as memorandum, meeting minutes, or reports describing efforts to bring together public and private entities to create a network of prevention services. 	
PP 2 5 PP s 2.7.5	DOH staff members have training in community mobilization methods as evidenced by training documentation.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Agendas and/or documentation of staff training, such as training logs, CE tracking, or staff evaluations, in community mobilization methods. 	

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PREVENTION AND PROMOTION Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
PP 3 1 PP s 3.1.1	The DOH supports best use of available resources for prevention services through leadership, collaboration and communication with partners. Information about prevention and health promotion evaluation results is collected and shared statewide.	Compliance with this measure can be demonstrated through: ❖ Examples of letters, memorandum of understanding, meeting minutes, or report summaries describing collaboration efforts by DOH to optimize the use of resources in prevention services, AND , ❖ Reports or summaries regarding prevention and health promotion evaluation results, AND , ❖ Distribution list and dates indicating at least annual distribution to appropriate agencies or local levels.	
PP 3 2 PP s 3.5.2	Prevention programs, provided directly or by contract, are evaluated against performance measures and incorporate assessment information. In addition, a gap analysis that compares existing prevention services to projected need for services is performed periodically and integrated into the priority setting process.	Compliance with this measure can be demonstrated through: ❖ Summaries and/or reports evaluating the effectiveness of prevention programs, AND , ❖ Documentation of an analysis of the gap in services compared to projected need for services at least once in last 12 months, AND , ❖ Documentation indicates gap analysis results are used as part of	

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		priority setting process.	
PP 3 3 PP s 3.7.3	DOH staff members have training in program evaluation methods as evidenced by training documentation.	Compliance with this measure can be demonstrated through: ❖ Agendas, training logs, or CE tracking, demonstrate staff training in program evaluation methods.	
PP 3 4 PP s 3.8.4	A quality improvement plan incorporates program evaluation findings, evaluation of community mobilization efforts, use of emerging literature and best practices and delivery of prevention and health promotion services.	Compliance with this measure can be demonstrated through: ❖ Quality improvement work plan, or action plans to improve performance includes activities based on: <ul style="list-style-type: none"> • program evaluation findings, • evaluation of community mobilization efforts, • use of emerging literature and best practices, and • delivery of prevention and health promotion services. 	

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PREVENTION AND PROMOTION Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
PP 4 1 PP s 4.2.1	Consultation and technical assistance on program implementation and evaluation of prevention services is provided for LHJs. There is a system to inform LHJs and other stakeholders about prevention funding opportunities.	Compliance with this measure can be demonstrated through: ❖ Example of at least two instances of consultation with state program or local level staff regarding program implementation and evaluation of prevention services, such as logs of consultations, notes, or reports, AND , ❖ Description of process for informing LHJs and other stakeholders about prevention funding opportunities, or ❖ Evidence of LHJs or other stakeholders being informed of funding opportunities, e.g. email, memorandum, or fax notification.	
PP 4 2 PP s 4.4.2	Outreach and other prevention interventions are reviewed for compliance with science, professional standards, and state and federal requirements. Consideration of professional requirements and competencies for effective prevention staff is included.	Compliance with this measure can be demonstrated through: ❖ Documentation of professional standards, state or federal requirements and research base used in planning outreach and early intervention programs, AND ❖ Description of the conclusions from reviewing planned and current outreach and other interventions against these standards and	

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		requirements, AND , ❖ Example of completed review of staff competencies and professional requirements.	
PP 4 3 PP s 4.5.3	Prevention services have performance measures that are tracked and analyzed, and recommendations are made for program improvements.	Compliance with this measure can be demonstrated through: ❖ Documentation of the goals, objectives, and key measures that will be used to evaluate prevention services, AND , ❖ Program evaluation summaries, progress reports, or summaries of analysis demonstrate that key measure data are used to evaluate prevention programs and to make recommendations for improvement.	
PP 4 4 PP s 4.6.4	Statewide templates for documentation and data collection are provided for LHJs and other contractors to support performance measurement.	Compliance with this measure can be demonstrated through: ❖ Examples of templates for documentation and data collection to support performance measurement, AND , ❖ Distribution lists and dates indicating at least annual distribution to LHJs and other contractors.	
PP 4 5 PP s 4.7.5	DOH staff members have training in prevention, early intervention, or outreach services as evidenced by training documentation.	Compliance with this measure can be demonstrated through: ❖ Knowledge and skill in providing prevention, early intervention or outreach services is included in job requirements or in staff resumes, or	

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		❖ Attendance records for training sessions in these 3 topics.	
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PREVENTION AND PROMOTION Standard 5: Health promotion activities are provided directly or through contracts.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
PP 5 1 PP s 5.1.1	Health promotion activities are provided directly by DOH or by contractors, and are intended to reach the entire population or at risk populations in the community.	Compliance with this measure can be demonstrated through: ❖ Documentation of DOH health promotion program or contract for promotion services from vendor describes: <ul style="list-style-type: none"> the services provided or contracted for, and, specific population that each component of the health promotion program is intended to reach. 	
PP 5 2 PP s 5.2.2	Literature reviews of health promotion effectiveness are conducted and disseminated. Consultation and technical assistance on health promotion implementation and evaluation is provided for LHJs. There is a system to inform LHJs and other stakeholders about health promotion funding opportunities.	Compliance with this measure can be demonstrated through: ❖ Summaries or reports of literature search and/or research activities, AND ❖ Evidence of regular publishing(at least annual) of research and review results, AND , ❖ Example of at least two instances of consultation with state program or local level staff regarding program implementation and evaluation of promotion services, such as logs of consultations, notes, or reports, AND , ❖ Description of process for	

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		<p>informing LHJs and other stakeholders about prevention funding opportunities, or</p> <ul style="list-style-type: none"> ❖ Evidence of LHJs or other stakeholders being informed of funding opportunities, e.g. email, memorandum, or fax notification. 	
<p>PP 5 3</p> <p>PP s 5.4.3</p>	<p>Health promotion activities are reviewed for compliance with science, professional standards, and state and federal requirements. Health promotion materials that are appropriate for statewide use and for key cultural or linguistic groups are made available to LHJs and other stakeholders through a system that organizes, develops, distributes, evaluates and updates the materials.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Documentation of professional standards, state or federal requirements and research base used in planning health promotion activities, AND ❖ Description of the conclusions from reviewing planned and current health promotion activities against these standards and requirements, AND, ❖ Evidence of LHJs or other stakeholders being informed of availability of culturally appropriate health promotion materials, e.g. email, memorandum, or fax notification, AND, <p>Description of the systematic approach to health promotion information, including the development, distribution, evaluation, and revision process</p>	
<p>PP 5 4</p> <p>PP s 5.5.4</p>	<p>Health promotion activities have goals, objectives and performance measures that are tracked and</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Documentation of the goals, 	

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	analyzed, and recommendations are made for program improvements. The number and type of health promotion activities are tracked and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula.	objectives, and key measures that will be used to evaluate health promotion services, AND , ❖ Reports or summaries of monitoring of key measures, including number and type of health promotion activities, information on content, target audience, and number of attendees, AND , ❖ Program evaluation summaries, progress reports, or summaries of analysis demonstrate that key measure data are used as part of the process to improve the programs or to revise health promotion curricula.	
PP 5 5 PP s 5.7.5	DOH staff members have training in health promotion methods as evidenced by training documentation.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation of staff training, such as training logs, CE tracking, or staff evaluations, in health promotion methods.	

Helping People Get the Services They Need: Standards for Access to Critical Health Services

ACCESS Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
AC 1 1 AC s 1.6.1	A list of critical health services is established and a core set of statewide access measures established. Information is collected on the core set of access measures, analyzed and reported to the LHJs and other agencies.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Documentation lists and defines the access measures for local access to each type of service on the adopted menu of critical health services <p>AND</p> <ul style="list-style-type: none"> ❖ Summary reports of analyzed data on the results of monitoring the established measures of access, <p>AND</p> <ul style="list-style-type: none"> ❖ Evidence of distribution of the information to LHJs and to other appropriate agencies at least once in last 12 months, such as cover letter, hard copy or email distribution list. 	
AC 1 2 AC s 1.2.2	Information is provided to LHJs and other agencies about availability of licensed health care providers, facilities and support services.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> ❖ Summary reports of information, stratified by jurisdiction, on the availability of licensed health care providers, facilities and support services, AND ❖ Evidence of distribution of the information to LHJs and to other appropriate agencies at least once in 	

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		last 12 months.	
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ACCESS Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
AC 2 1 AC s 2.2.1	Consultation is provided to communities to help gather and analyze information about barriers to accessing critical health services.	Compliance with this measure can be demonstrated through: ❖ Documentation of at least 2 consultations to LHJs or to communities regarding analyzing information on barriers to access, (such as reports, consultation notes, or summaries of consultation materials or training)	
AC 2 2 AC s 2.4.2	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs and other agencies in gathering and analyzing information regarding barriers to access.	Compliance with this measure can be demonstrated through: ❖ Procedures or protocols that describe how staff consultations are available for collection and analysis of barriers to access, including the request process and expected timeframes, or ❖ Lists of consultants (with contact information) in the areas of data collection and analysis on barriers to access that are available to state and local staff, AND ❖ Example of at least two instances of consultation with state program staff or local level regarding data collection and analysis on barriers to access.	

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AC 2 3 AC s 2.6.3	Gaps in access to critical health services are identified using periodic survey data and other assessment information.	Compliance with this measure can be demonstrated through: ❖ Documentation of gap analysis, such as reports or analysis summaries, describes the results of comparing the current level of access to CHS and needed level for access to CHS.	
AC 2 4 AC s 2.7.4	Periodic studies regarding workforce needs and the effect on critical health services are conducted, incorporated into the gap analysis and disseminated to LHJs and other agencies.	Compliance with this measure can be demonstrated through: ❖ Copies of studies conducted within last 12 months on workforce needs with analysis of the impact on access to critical health services, AND , ❖ Evidence of distribution of the information to LHJs and to other appropriate agencies at least once in last 12 months, such as cover letter, hard copy or email distribution list, or fax.	

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ACCESS Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
AC 3 1 AC s 3.2.1	Information about access barriers affecting groups within the state is shared with other state agencies that pay for or support critical health services.	Compliance with this measure can be demonstrated through: ❖ Summaries or reports of how barriers to access to specific CHS affect various groups within the state, AND ❖ Evidence, at least two examples, that these summaries and/or reports have been shared with other agencies, as appropriate.	
AC 3 2 AC s 3.5.2	State-initiated contracts and program evaluations include performance measures that demonstrate coordination of critical health services delivery among health providers.	Compliance with this measure can be demonstrated through: ❖ Contracts and state program evaluations include measures to evaluate the vendor or program efforts to coordinate critical health services among providers.	
AC 3 3 AC s 3.4.3	Protocols are developed for implementation by state agencies, LHJs and other local providers to maximize enrollment and participation in available insurance coverage.	Compliance with this measure can be demonstrated through: ❖ Protocols or procedures describing the process LHJs and other local providers should use to maximize enrollment in insurance coverage.	

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AC 3 4 AC s 3.8.4	Where specific initiatives are selected to improve access, there is analysis of local data and established goals, objectives, and performance measures.	Compliance with this measure can be demonstrated through: ❖ List or documentation of the specific initiatives selected to improve access to CHS, AND , ❖ Progress reports or summaries of analysis of local access to those CHS with documentation of the goals, objectives, and measurements of performance for those critical health services.	
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ACCESS Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored and reported.

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best example)
AC 4 1 AC s 4.2.1	Information about best practices in delivery of critical health services is gathered and disseminated. Summary information regarding delivery system changes is provided to LHJs and other agencies.	Compliance with this measure can be demonstrated through: ❖ Summaries and/or reports of best practices in the delivery of critical health services, AND , ❖ Summaries and/or reports of changes in the delivery of critical health services, AND , ❖ Documentation of dissemination to LHJs and other agencies at least once in the last 12 months.	
AC 4 2 AC s 4.7.2	Training on quality improvement methods is available and is incorporated into grant and program requirements.	Compliance with this measure can be demonstrated through: ❖ Evidence of notification of availability of QI training to local and state entities, AND ❖ Examples of grants and/or programs that include training for QI methods.	
AC 4 3 AC s 4.8.3	Regulatory programs and clinical services administered by DOH have a written quality improvement plan including specific quality-based performance or outcome measures.	Compliance with this measure can be demonstrated through: ❖ Written policies or program plans for regulatory programs or clinical services include a written quality improvement plan that includes appropriate performance or outcome measures for each service.	

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Baseline Evaluation of Standards for Public Health in Washington State
Supports and Resources Required

Baseline Evaluation of Standards for Public Health in Washington State
Supports and Resources Required by DOH Programs

*When the Proposed Standards were evaluated in 2000, sites were asked to provide their overall budget and FTE count. We also asked people what they needed to comply with the Standards. **In this baseline evaluation of site performance related to the Standards, we want to expand our understanding of the resources needed in relation to the specific areas of the Standards (e.g., Assessment, Communicable Disease, Environmental Health, Prevention/Health Promotion, Access to Critical Health Services).** We'll review this information together in the exit interview, to further clarify your assessment of the supports needed. This information will enable us to analyze at the specific area level as well as the overall DOH level.*

*For each specific area of the Standards on the next page, look at the listing of types of supports needed (in the left hand column) and put an X next to the **top three supports needed** for each of the 5 specific areas listed in the other columns (e.g., Assessment). If you have responded to only some of the areas, just fill out those columns. If you have any comments, please add them.*

Comments:

Top Three Supports Needed	1. Public Health Assessment	2. Communicable Disease and Other Health Risks	3. Environmental Health	4. Prevention and Community Health Promotion	5. Access to Critical Health Services
<i>More \$</i>					
<i>Flexible \$</i>					
<i>More Staff</i>					
<i>Specific Staff Skills</i>					
<i>Time to Plan</i>					
<i>Program Planning Process</i>					
<i>Standard State Databases</i>					
<i>Standard Key Indicators to Track</i>					
<i>BOH/Community Involvement</i>					
<i>DOH Consultation and Templates</i>					
<i>Policy & Procedure Templates</i>					
<i>Documentation Methods, including IT systems</i>					
<i>QI and Program Evaluation Skills</i>					
<i>Role Clarity</i> (between LHJs/DOH, within LHJs or DOH)					
<i>Training</i>					